

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

LEAST AVAILABLE COPY

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/				
3		/				
4						
5						
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12	/					
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34			/		/	
35				/		/
36						/
37						/
38						/
39						/
40						/
41						/
42						
43						
44						
45			/		/	
46						/
47						/
48						/
49						/
50						
Total Indep	3					
Total Depend	80					
Total Claims	33					

	Indep	Depend	Indep	Depend	Indep	Depend
51						1
52						1
53						1
54						1
55						1
56						1
57						1
58						1
59						
60			1		1	
61				1		1
62						1
63						1
64						1
65						1
66						1
67						1
68						1
69						1
70					1	
71						1
72						1
73						1
74						1
75						1
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92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep			3		4	
Total Depend			23		36	
Total Claims			36		40	